

# City of Franklin – Department of City Development Application

☐ Comprehensive Master Plan Amendment (\$200)  
☐ Plat Affidavit of Correction (\$125)

☐ UDO Text Amendment (\$200)  
☐ Right-of-way Vacation (\$300)

Project Name \_\_\_\_\_

## PROPERTY INFORMATION

Tax Key Number(s) \_\_\_\_\_

Property Address or Section & 1/4 Section \_\_\_\_\_

Current Zoning \_\_\_\_\_

Present Use \_\_\_\_\_ Intended Use \_\_\_\_\_

**APPLICANT** If the applicant is not the owner of record, the legal owner/owners' signature must be on the application OR a letter of authorization from the owner must accompany the application.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

## CONTACT PERSON FOR PROJECT (Surveyor/Attorney/ Architect/Engineer)

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Include a **Letter of Intent** clearly stating what you want to do, why and how it fits into the current zoning area and the Comprehensive Master Plan. If requesting a variance or appealing a decision, be very specific.

Applicant agrees that any approval issued on representations made in this submittal, and any subsequently issued building permits or other type of permits may be revoked without notice if there is a breach of representations or conditions of approval. Applicant/owner by signature understands and accepts responsibility for completion of all required on-site and off-site improvements as shown and approved on final plan (including landscaping, paving, lighting, etc.) prior to receiving a Certificate of Occupancy.

By the execution of this Application, Applicant authorizes the City of Franklin or its agents to enter upon the property between 7:00 a.m. and 7:00 p.m. daily for the purpose of inspection. Applicant grants this authorization even if Applicant has posted this property against trespassing pursuant to Section 943.13 Wis. Stats.

Applicant hereby certifies that: (1) All statements and other information submitted as part of this application are true and correct to the best of Applicant's knowledge; and (2) APPLICANT HAS READ AND UNDERSTANDS ALL INFORMATION IN THIS PACKET.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This document was created with Win2PDF available at <http://www.win2pdf.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.